

Department of Health and Family Services
Division of Health Care Financing
Medicaid Managed Care Programs

- ◆ Wisconsin Medicaid is a national leader in the use of managed care:
 - ✓ Innovative use of managed care for special populations (elderly and persons with physical disabilities, mental illness, and developmental disabilities).
 - ✓ Rigorous oversight of Health Maintenance Organizations (HMOs) and specialized managed care programs, including access and quality assurance requirements, comprehensive utilization reporting, performance audits, and recipient safeguards. Specific performance expectations are based on Public Health Agenda objectives.
 - ✓ Community involvement through statewide Managed Care Advisory meetings with stakeholders such as HMO executives, recipient advocates and local officials.
- ◆ The Bureau of Managed Health Care Programs (BMHCP) operates a Medicaid HMO program for low-income families with children, BadgerCare (Wisconsin's State Children's Health Insurance Program or SCHIP), Supplemental Security Income (SSI) Managed Care for elderly and persons with disabilities, and two specialized managed care programs to meet the needs of special populations.

Low-income Family Medicaid HMO	BadgerCare HMO
<ul style="list-style-type: none"> ✓ 13 HMOs serving 65 counties in 2005. (Link to Participation Map) ✓ 311,018 enrollees as of June 2006. (Link to Caseload Statistics) 	Same as low-income family Medicaid HMO. (Link to Participation Map) <ul style="list-style-type: none"> ✓ 62,349 enrollees as of June 2006. (Link to Caseload Statistics)
Specialized Managed Care Programs	
BMHCP Operates <ul style="list-style-type: none"> ✓ Children Come First (CCF) ✓ Wraparound Milwaukee (WM) 	
Supplemental Security Income Program (SSI) Managed Care Programs (MCOs)	
<ul style="list-style-type: none"> ✓ 1 MCO serves Dane County ✓ 4 MCOs serve Kenosha, Racine and Waukesha Counties ✓ 5 MCOs serve Milwaukee County ✓ 17,018 enrollees as of June 2006 	

- ◆ BMHCP's long-range managed care strategy is as follows:
 - ✓ Further expansion of managed care for SSI-eligible adults with disabilities.
 - ✓ Implementation of a health care delivery system for children in out-of-home care.

Wisconsin Division of Health Care Financing Medicaid Managed Care Programs Overview

Program Characteristics	Low-Income Family Medicaid HMO	BadgerCare HMO	Supplemental Security Income (SSI) Managed Care	Children Come First (CCF)	Wraparound Milwaukee (WM)
Date of Implementation	1977 (expansions in 1984 and 1995; and statewide expansion in 1996).	July 1, 1999	April 1, 2005 in Milwaukee Co. April 1, 2006 in Kenosha, Racine and Waukesha Counties. May 1, 2006 in Dane County.	April 1993	March 1997
Program Sites	All counties, excluding Door, Florence, Marinette, Kewaunee, Columbia, Iowa, and Lafayette	Beginning in April 2000, counties are the same as the low-income family Medicaid HMO program.	Milwaukee, Kenosha, Racine, Waukesha, and Dane Counties.	Dane County	Milwaukee County
Program Description and Approach to Managing Care	Recipients are assigned to and receive all care and services through a contracted HMO. HMOs are responsible for providing directly or contracting for covered services to the enrolled population.	Same as low-income family Medicaid Program.	Care coordinators and a network of providers coordinate medical and social services for SSI and SSI-related Medicaid recipients.	Multi-agency, community-based system of mental health and alcohol and other drug abuse (MH/AODA) services for children with severe emotional disturbances (SED).	Same as CCF
Program Goals	Improve quality of care through better access to and continuity of medical care. Reduce costs through better management and reducing inappropriate care.	Provide a bridge for health care between Medicaid and employer-sponsored health insurance for low-income uninsured families.	Integrate medical and social services and improve quality, access, and coordination of medical services. Improve quality of care through better access to and continuity of medical care.	Keeps children with SED out of institutions. Reallocates resources previously used for institutionalization to community based services for children with SED.	Same as CCF
Authority and Funding Source	State Medicaid agency and a state plan amendment.	State Medicaid agency, 1115 Medicaid and SCHIP waivers, and a Title XXI state plan amendment.	State Medicaid agency and a state plan amendment.	Initially an RWJ Foundation grant. Currently joint funding by DHFS and Dane County Department of Human Services (DCDHS). Authorized by CMS as sole source contract.	Initially a five-year CMHS grant. Now continued through joint funding by DHFS and Milwaukee County DHS. Authorized by CMS as sole source contract.

Program Characteristics	Low-Income Family Medicaid HMO	BadgerCare HMO	Supplemental Security Income (SSI) Managed Care	Children Come First (CCF)	Wraparound Milwaukee (WM)
Type of Enrollment (voluntary or mandatory)	Voluntary for eligible recipients in zip codes with one participating HMO and mandatory for eligible recipients in zip codes with two or more participating HMOs. Recipient may obtain an exemption if criteria are met.	Same Low- Income Family Medicaid HMO program.	Mandatory. Recipients are required to try managed care for 60 days. They have up to 120 days to opt out for Kenosha, Milwaukee, Racine, and Waukesha Counties. Voluntary for Dane County – 6 weeks to choose between Dane Co. managed care or fee-for-service.	Voluntary	Voluntary
Eligible Population	Low-income family Medicaid HMO recipients residing in zip codes with one or more participating HMO. Dual eligibles are excluded. Exemption criteria exist. Healthy Start is a program for pregnant women and children whose family income is under 185% of the poverty level.	Low-income uninsured families up to 185% of the federal poverty level (FPL). Once enrolled, families may remain in BadgerCare until family income exceeds 200% of the FPL. HMO enrollment criteria for HMOs same as Low- Income Family Medicaid.	SSI and SSI-related Medicaid recipients who reside in Milwaukee, Kenosha, Racine, and Waukesha Counties, are 19 or older, and do not live in an institution or nursing home or participate in other managed care or waiver programs (e.g., CIP, COP, CSP). The above is the same for Dane County except those who participate in the COP program may enroll in Dane County's program.	Child or adolescent Medicaid recipient and must have SED as defined in HSS 107.32, Wis. Admin. Code, and be at imminent risk of institutional admission to a psychiatric hospital, placement in a child caring institution, or juvenile correction facility.	Same as CCF
Recipient Age Requirement	No age restrictions for parents, but their children must be under age 19.	No age restriction for parents, but their children must be under age 19.	Age 19 and older.	Birth through age 18.	Birth through age 18.
Contracting Entity	HMOs who are licensed by the WI Office of the Commissioner of Insurance. The HMO must also meet Medicaid's additional standards for quality assurance, cultural sensitivity, enrollment capacity and coordination of care.	Same Low-Income Family Medicaid HMO program.	MCO licensed by the Wisconsin Office of the Commissioner of Insurance. The MCO must also meet Medicaid's additional standards (for quality assurance, cultural sensitivity, enrollment capacity and coordination of care). Dane County Program is sole source.	Dane County DHS	Milwaukee County DHS

Program Characteristics	Low-Income Family Medicaid HMO	BadgerCare HMO	Supplemental Security Income (SSI) Managed Care	Children Come First (CCF)	Wraparound Milwaukee (WM)
Risk-Sharing Arrangement and Capitation Rates	<p>No risk sharing. Full capitation for all medical services covered by Medicaid except prenatal care coordination and common carrier transportation. HMOs may provide dental and chiropractic care for additional capitation.</p> <p>The CY 2006 capitation rates for low-income family Medicaid are based on nine age/gender rate cells. The rates are specific to and vary between nine rate regions and five counties.</p> <p>A single aggregate capitation rate is paid for Healthy Start Pregnant Women. The CY 2006 rate varies based on the same rate region and county configuration used for the low-income family Medicaid population.</p>	<p>The risk-sharing program was terminated on July 1, 2001. Risk sharing was formerly available to HMOs that chose to participate in a risk-sharing program.</p> <p>The CY 2006 BadgerCare capitation rates are based on 10 age/gender rate cells. The rates also vary based on the benefit mix (dental and chiropractic services) offered by the HMO. The rates are specific to and vary between the same rate region and county configuration used for low-income family Medicaid enrollees.</p>	<p>No risk sharing. State pays a capitation rate based on the Medicaid fee-for-service costs per member month.</p> <p>For CY 2006, capitation rates are established based on medical status code groupings (MS 21, other SSI, or MAPP), Medicare coverage (dually eligible or MA only) and eight actuarially determined age/gender cells. This results in 34 individual rates providing continuous case mix adjustment through the monthly claims.</p>	<p>No risk sharing. Dane County DHS also provides payment to cover the non-Medicaid services.</p> <p>The current Medicaid capitation rate is \$1,570.80, which is from July 1, 2006 through June 30, 2007.</p>	<p>No risk sharing. Milwaukee County DHS also provides payment to cover the non-Medicaid services.</p> <p>The current Medicaid capitation rate is \$1,588.30, which is from July 1, 2006 through June 30, 2007.</p>

Program Characteristics	Low-Income Family Medicaid HMO	BadgerCare HMO	Supplemental Security Income (SSI) Managed Care	Children Come First (CCF)	Wraparound Milwaukee (WM)
Payment Arrangements for Other Providers	Fully capitated for all specialty and ancillary medical services covered by the Medicaid program.	Same as low-income family Medicaid HMO program.	Fully capitated for all specialty and ancillary medical services covered by the Medicaid program. Fee-for-service payments for CSP and TCM services.	Through contracted arrangements with Dane County for MH services. Fee-for-service payments for all other necessary medical services.	Through contracted arrangements with Milwaukee County for MH services. Fee-for-service payments for all other necessary medical services.
Case Manager (CM) Responsibility	HMO must have system in place to ensure well managed patient care through assignment of a primary care provider (PCP) or other means, referrals for specialty care, and 24-hour urgent or emergency care.	Same as low-income family Medicaid HMO program.	Care coordinator assigned to each member. Care coordinators conduct needs assessment and develop care plan within 60 days of enrollment and help member select PCP. Care plan includes coordination with social services.	Dane County is responsible for the operational administration of the program and subcontracts for all necessary MH/AODA services at whatever level of intensity required by the recipient, (i.e., inpatient hospital, emergency care, outpatient therapy, residential treatment, therapeutic foster care, and case aide and in-home treatment services). Key service components are clinical case management, crisis services, intensive day treatment and school-based MH services.	Milwaukee County is responsible for the operational administration of the program and subcontracts for all necessary MH/AODA services at whatever level of intensity required by the recipient, (i.e., inpatient hospital, emergency care, outpatient therapy, residential treatment, therapeutic foster care, and case aide and in-home treatment services). Key service components are clinical case management, crisis services, intensive day treatment and school-based MH services.

Program Characteristics	Low-Income Family Medicaid HMO	BadgerCare HMO	Supplemental Security Income (SSI) Managed Care	Children Come First (CCF)	Wraparound Milwaukee (WM)
Enrollee Incentives	No copays. Expansion of services beyond those offered in the fee-for-service system. Transportation arranged and covered by the HMO (Milwaukee County only)	Same as Low-Income Family Medicaid.	No copays. Care coordinator available 24 hours. Expansion of services beyond those offered in fee-for-service system. Transportation arranged and paid for directly by the MCO. (Milwaukee County Only)	No copays. Expansion of services beyond those offered in fee-for-service system. Allows client to stay at home.	Same as CCF
Enrollee Participation	Enrollee must obtain services through HMO providers.	Enrollee must obtain services through HMO providers.	For: Kenosha, Milwaukee, Racine, and Waukesha enrollees are assessed and care plan developed within 60 days of enrollment. They must obtain services through MCO's provider network. For: Dane enrollees are given 6 weeks to choose between Dane Co. managed care program or Medicaid fee-for-service. If managed care program selected enrollee must obtain services through the MCO's provider network.	Enrollees' families are part of a child and family treatment team that determines the needed services and supports.	Same as CCF
Covered Services	HMO must cover all services covered under Medicaid fee-for-service, except dental and chiropractic.	HMO must cover all services covered under Medicaid fee-for-service, except dental and chiropractic.	Traditional Medicaid fee-for-service coverage. MCO may cover costs of social and wellness programs.	All necessary MH and AODA services including those not traditionally covered under Medicaid.	Same as CCF
Excluded Services	All services excluded by Medicaid program. HMO may elect not to cover dental and chiropractic services. Targeted Case Management and Crisis Intervention Services are covered under Medicaid fee-for-service.	Same as low-income family Medicaid HMO program.	All services excluded by Medicaid program. Services such as TCM, Chiro, Crisis Intervention, and CSP are covered under Medicaid fee-for-service.	Physical Medical Services are covered through fee-for-service.	Same as CCF

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Current Status	311,018 enrollees in June 2006. (Link to HMO Monthly Enrollment)	62,349 enrollees in June 2006. (Link to HMO Monthly Enrollment)	17,018 enrollees in June 2006. (Link to HMO Monthly Enrollment)	143 enrollees as of June 30, 2006, funded by Medicaid.	488 enrollees as of June 30, 2006, funded by Medicaid.
Plans for Expansion	N/A	N/A	Expansion of SSI managed care to counties where MCOs meet certification requirements.	No expansion plans at this time.	No expansion plans at this time.
Program Monitoring	HMOs must submit encounter data. Program and medical audits are conducted by DHCF. Annual consumer satisfaction survey.	Same as low-income family Medicaid HMO program.	MCOs must submit encounter data. Program and medical audits are conducted by DHCF. The program conducts an annual consumer satisfaction survey.	Program must submit utilization and outcome data. Quality assurance audits are conducted annually by DHCF.	Program must submit utilization and outcome data. Quality assurance audits are conducted annually by DHCF.